

Patient Accounting Management System (PAMS)



Meet Your Presenter

CDR Sandra M. Lahi, RHIA
Management & Program Analyst
Information Technology Support Center
Indian Health Service

Vision

PAMS is a collaborative effort between IHS and a Tribal Consortium to develop a unified Third Party Billing (3PB) and Accounts Receivable (AR) software package that will serve two primary purposes:

- To integrate with RPMS, including the Electronic Health Record (EHR), and
- To provide a solid foundation for optimal billing and collections.

How did PAMS begin?

- A concept to resolve common billing and A/R software problems experienced by the Choctaw Nation, the Chickasaw Nation of Oklahoma and the Gila River Healthcare Corporation, ie. “CCG Consortium”.
- IHS acknowledged the need for an unified 3PB/AR application and became an active partner early in the PAMS project.
- All organizations agreed to develop an integrated software package that would:
 - ◆ Combine 3PB and AR applications into one patient accounts billing software
 - ◆ Define front end edits to assist with reducing rejected claims
 - ◆ Enable more timely submission of claims
 - ◆ Facilitate line item billing
 - ◆ Support process improvement

Who are the PAMS Workgroup Members?



Chickasaw Nation *

Renee Fondren, Tracy Jones, Brenda Teel,
Jenny Trett



Choctaw Nation of Oklahoma *

Terry Rice, Nikita Watts, Theresa Jackson,
David Selby



Gila River Healthcare Corporation *

Larry Smith, Craig Becking,
Randy Ferguson, Del Nutter



Indian Health Service (IHS)

Sandra Lahi, Sharon Sorrell, Adrian Lujan,
Toni Johnson, Lori Aguilar, De
Cunningham

Project Management Team

Doug Felton, Vicki Martin

Informatix Laboratories Corporation
(ILC)

Susan Eastwood, Arthur Lee,
Gordon Moreshead, John Oljar,
Richard Scherek, Heidi Smith

* Tribal Consortium members

Why is PAMS Needed?

Weaknesses of Current 3PB/ AR RPMS Software

- * Table Maintenance detailed for setup
- * Inefficient Reporting
 - ◆ Inability to define AR classes based on tribal requirements
 - ◆ Unable to compare cost analysis (billed vs. paid)
 - * Unable to properly report current account activity
 - ◆ Unable to adequately report write-offs by adjustment reason codes
- * Reconciling data between 3PB and AR packages is challenging
- * Impedes process improvement
- * Inability to line item bill (ie. itemize patient statements)

Threats to I/T/U Third Party Collections

- * OIG report stated a need for improved account management software
- * CMS / OMB is not supportive of ongoing all-inclusive reimbursement rate
- * Medicare FIs require a complete cost report from IHS/Tribal Facilities
- * Detailed Line Item Billing is required for APCs and HIPAA 835 formats

What is PAMS?

One Patient Accounting Management System that enables:

- A Graphical User Interface (GUI) system, as used with the EHR
- Outpatient Check-in to include Front End edits
- Claim Generation based on Visit information
- Claim Review to include claim generation edits
- Claim Submission including HIPAA Compliant Formats
- On Demand Patient Statements and Billing
- Payment Receipt and Posting to include line item posting
- Collections / Denial Management to be ran concurrently
- Detailed Management Reporting

Critical Front End Processes to Support PAMS



Registration / Check In

- Patient Registration V 7.1
- An account per encounter (check in)
- Order of billing (based on reason for visit)
- Patient data verified at each encounter
- Ability to collect and post payments
- Mandatory fields (unable to skip or leave blank) based on claim denials

What Can I do to Prepare for PAMS??

Educate Managers and Users on PAMS and dates of implementation

Analyze Processes within the Business Office

- ◆ Make it a goal to have coding and billing functions up to date
- ◆ Establish policies with industry acceptable standards for outstanding AR; write-off limits; working denials; outstanding claims
- ◆ Collect baseline statistics for future benchmarking
- ◆ Plan to implement a charge-master system to capture costs

Implement Process Changes within the Revenue Generation Cycle

- ◆ Acknowledge and educate on the importance of quality registration / check-in staff
- ◆ Emphasize Registration for *every* patient encounter
- ◆ Decentralize Registration staff and/ or functions
- ◆ Train staff on order of billing rules
- ◆ Implement check-in function
- ◆ Decentralize coding staff and/ or functions

Why is Process Change Important?

Results...

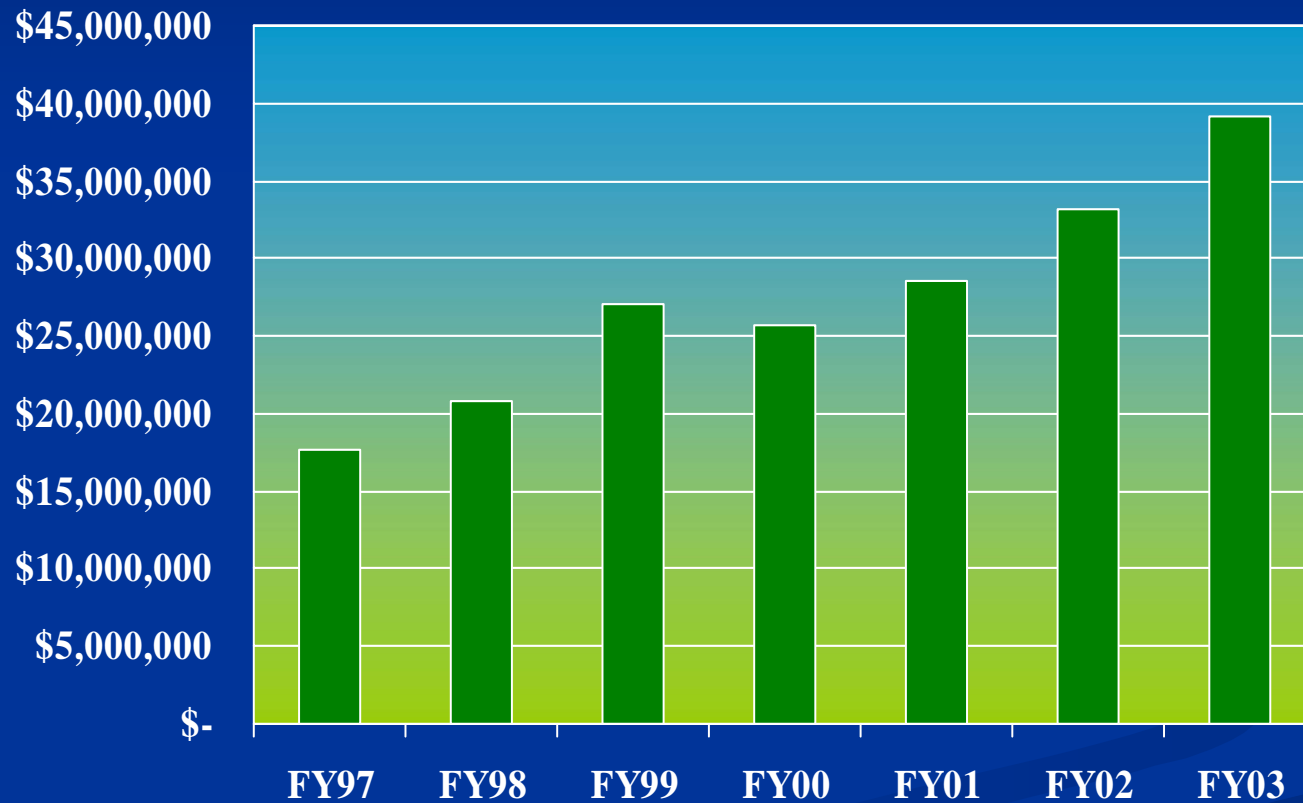


Strategic Plans to Maximize Third Party Collections	Gallup (GIMC)	Choctaw Nation	Gila River Healthcare Corp.	Chickasaw Nation
Administrative Support of established goals and commitment to long-term success	✓	✓	✓	✓
Implement Performance / Productivity Standards	✓	✓	✓	✓
Establish Monthly Management Reports	✓	✓	✓	✓
Added Benefit Coordinators (identified & assisted patients enrolling in Medicaid)	✓	✓	✓	✓
Implement plan to eliminate backlog in billing and coding	✓	✓	✓	✓
Plan and guidelines to keep billing and coding current	✓	✓	✓	✓
Implement PCC +	✓	✓	N/A	Summer 04
Implement Chargemaster	✓	✓	2005	✓
Decentralized Registration	✓		✓	
Decentralized Coding Function	✓	✓	✓	✓

Strategic Plans to Maximize Third Party Collections	Gallup (GIMC)	Choctaw Nation	Gila River Healthcare Corp.	Chickasaw Nation
On-line Medicaid Eligibility Verification	✓	✓	✓	✓
Medicare / Medicaid Claim Exports from monthly to weekly	✓	✓	✓	✓
Enroll as a Primary Care Provider with Oklahoma Medicaid	N/A	✓	N/A	✓
Education for Providers in charge capture	✓	✓	✓	✓
Education for registration, billing and coding and cross-training across departments	✓	✓	✓	✓
Implement RPMS Laboratory Package	✓	✓		✓
Establish a Collections Department	✓	✓	✓	✓
Billing Medicare Part B Insurance	✓	✓	✓	✓
Implement Radiology Package	✓	✓		✓
Implement electronic pharmacy billing	✓	✓		✓
Planning for Electronic Health Record	2005	2005	2005	Fall 2004

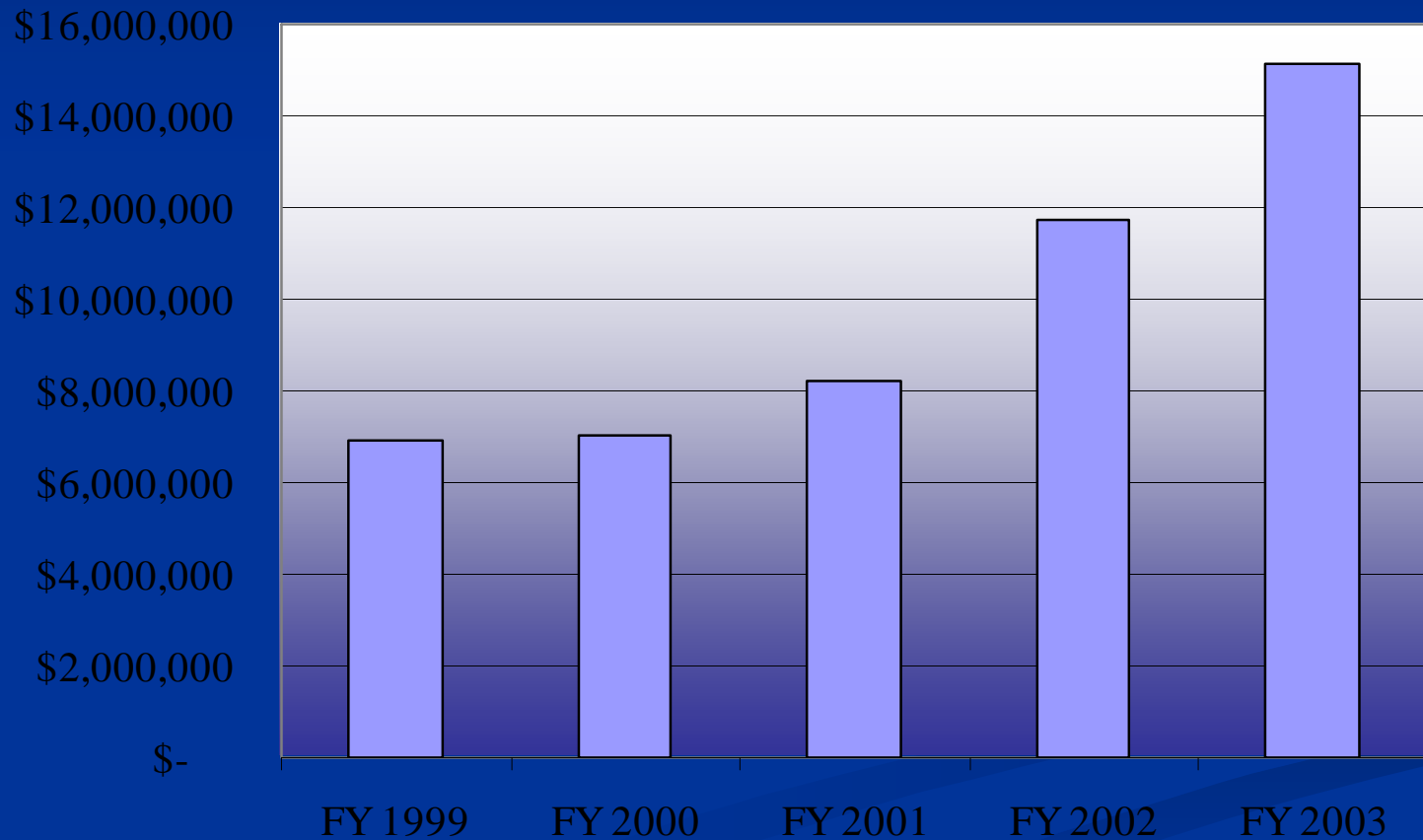


Gallup Indian Medical Center Total Third Party Collections





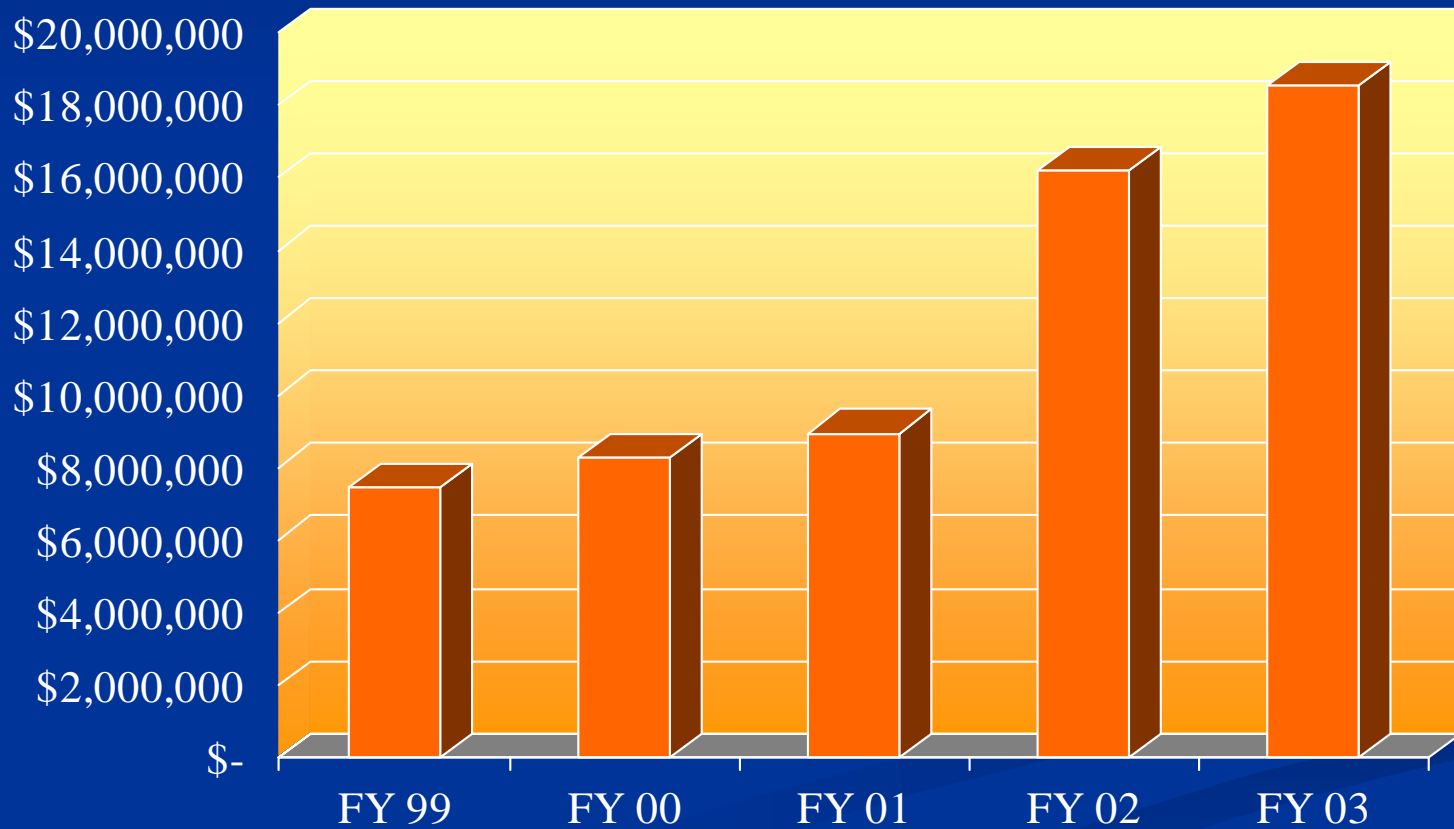
Choctaw Nation Health Care Total Third Party Collections

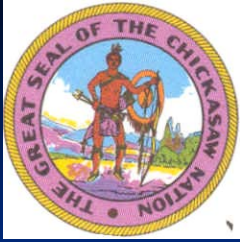




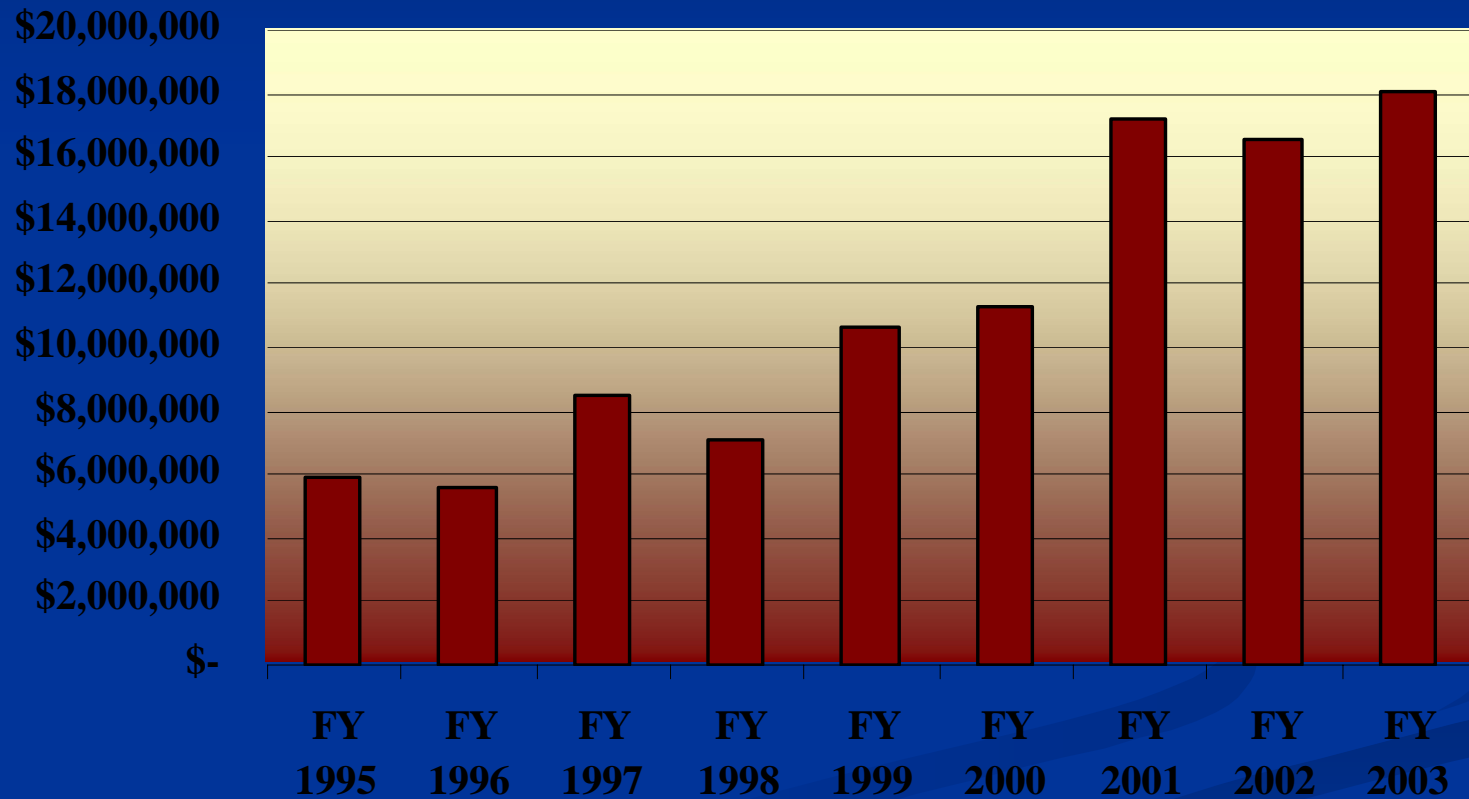
Gila River Healthcare Corporation Total Third Party Collections

Funding





Chickasaw Nation Total Third Party Collections



How will PAMS support process changes?

- One system that supports the complete revenue cycle
- Enhanced reporting capabilities
- Uses an “account per encounter” philosophy
- Improved tracking through electronic notes
- Opportunity to increase third party collections
 - Changing Business Process
 - Emphasis on data capture at Registration
 - Mandatory Registration fields and Fatal / Warning edits
 - Improved medical documentation and coding thru chargemaster
- Easier access to patient accounting information to:
 - Establish baseline performance measures
 - Improve posting / collection process

Formal Project Management Approach

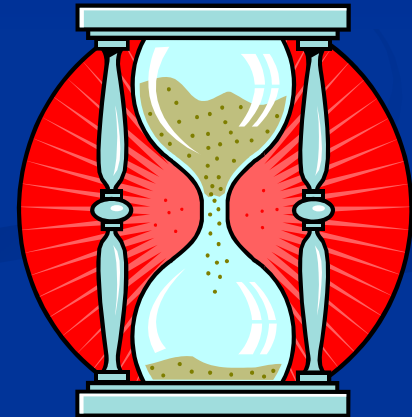
- Project Plan
- Requirements and Analysis Documentation
 - Includes requirements list
- Design Documentation
 - Screen and report designs, interface definitions
 - Must be consistent with requirements document
 - System Architecture definition
- Development of Code to include GUI
- Test Plan, Test Cases, and Test Results
 - Main flow, exception, regression testing
 - Test box configurations
- Change requests with disposition
- Implementation Plan
- Training material

PAMS Project Management

- ✿ Weekly Conference Calls to review Software Design & open items
- ✿ Quarterly meetings of workgroup
- ✿ Monthly conference calls with IHS and ILC technical staff
- ✿ Software Testing boxes set up at:
 - ◆ Gila River
 - ◆ Choctaw Tribal Health Facility
 - ◆ Chickasaw Nation Health Facility
 - ◆ ITSC – Indian Health Service

Project Accomplishments to Date

- **May 2003**
 - Gila River initial discussions w/IHS
 - Initial Consortium Member Meetings
- **June/July 2003**
 - Coordination with IHS
 - Draft Requirements Document and Matrix created
 - Potential Vendor Analysis
- **August 2003**
 - TAG Walkthrough and Expansion of Requirements
 - Requirements Document and Matrix submitted by IHS with PAMS proposal
- **Sept 2003**
 - Consortium Chartered
- **October 2003**
 - Approval/Funding by IHS and Tribal Consortium
 - ILC selected as development contractor
 - Project Manager appointed for planning, team coordination, and software life cycle oversight
- **November 2003**
 - Project Kick-off Meeting, Salt Lake City, UT
- **January 2004**
 - 2nd Quarterly meeting, Chandler AZ
- **April 2004**



Deployment Issues

- Software to be supported by ITSC upon release
- ITSC & Tribal Consortium to provide information and presentations to both Tribal and IHS meetings
- ITSC to consult with National Business Office Committee to define deployment schedule by Area to include process change and software installation
- Training scheduled to begin Fall 2004 or Spring 2005

Where do I go for more Information?

Documentation on project can be found on the PAMS
Web board:

<http://www.forum.ihs.gov/~PAMS>

Questions/Discussion

